

UC Riverside, School of Medicine Policies and Procedures**Policy Title:** Policy for Monitoring Comparability of Completion of Required Clinical Experiences for Each Clerkship and Clinical Sites**Policy Number:** 950-06-022

Responsible Officer:	Senior Associate Dean, Medical Education
Responsible Office:	Office of Medical Education
Origination Date:	06/17/2021
Date of Revision:	NA
Date of Review:	08/01/2022, 11/11/2023
Scope:	All medical students, faculty, and staff

I. Policy Summary

The Office of Medical Education is responsible for monitoring the completion of required clinical experiences for each third-year clerkship and LACE 1 / 2 / 3 and each clerkship site for all students.

II. Definitions

Longitudinal Ambulatory Care Experience (LACE)

Office of Assessment and Evaluation (OAE)

LCME Element 8.6 Monitoring of Completion of Required Clinical Experiences

A medical school has in place a system with central oversight that monitors and ensures completion by all medical students of required clinical experiences in the medical education program and remedies any identified gaps.

LCME Element 8.7 Comparability of Education/Assessment

A medical school ensures that the medical curriculum includes comparable educational experiences and equivalent methods of assessment across all locations within a given course and clerkship to ensure that all medical students achieve the same medical education program objectives.

III. Policy Text

A. OAE generates a report twice a year to measure the completion of required clinical experiences for each clerkship and each clerkship site for all students. OAE generates a report once a year to measure the completion of required clinical experiences for LACE 1 / 2 / 3 and each LACE site for all students.

B. For third year clerkships every six months:

1. A copy of the individual clerkship site comparability data are provided to each clerkship director, the LACE 1 / 2 / 3 director and the Associate Dean for Clinical Medical Education for review.
2. The clerkship and LACE 1 / 2 / 3 directors are responsible for sharing these data with their clinical site directors.
3. Twice a year, the Assessment and Evaluation Team reviews the site comparability data for each clerkship to formulate the preliminary clerkship program evaluation data.

4. The clerkship directors respond to the preliminary program evaluation data and conduct a brief presentation to the Clinical Curriculum Subcommittee. As part of the response and presentation, the clerkship director must address specific strategies for closing any comparability gaps in RCEs if they are noted.
 5. The CCS conducts reviews biannually and provides initial approval of any plans to close potential gaps. The MEC then provides a final review and approval biannually.
- C. Annually for LACE:**
1. A copy of the LACE 1/2/3 clerkship site comparability data are provided to the LACE directors and Associate Dean for Clinical Medical Education for review.
 2. The LACE 1 / 2 / 3 directors are responsible for sharing these data with their clinical site directors.
 3. The Assessment and Evaluation Team reviews the site comparability data annually for LACE 1 / 2 / 3 to formulate the preliminary LACE program evaluation data.
 4. The LACE 1 / 2 / 3 director(s) responds to the preliminary program evaluation data and conduct(s) a brief presentation to the LACE Team. As part of the response and presentation, LACE 1 / 2 / 3 director(s) must address specific strategies for closing any comparability gaps in RCEs if they are noted.
 5. The LACE 1/ 2/ 3 directors respond to the preliminary program evaluation data and conduct a brief presentation to the Medical Education Integration Subcommittee. As part of the response and presentation, the clerkship director must address specific strategies for closing any comparability gaps in RCEs if they are noted.
 6. The MEIS conducts reviews biannually and provides initial approval of any plans to close potential gaps. The MEC then provides a final review and approval biannually.
- D. The quality and site comparability benchmarks for patient encounters logs is set by the Liaison Committee on Medical Education (LCME):**

Parameter	Required Clinical Encounter Logs
LCME Standard	8.6: Monitoring of Completion of Required Clinical Experiences 8.7 Comparability of Education/Assessment
Quality Benchmark Flag	<i>Clerkship</i> “≤ 75% of all students reported encountering a live patient with this condition/procedure” is flagged for concern. <i>Site</i> “≤ 75% of all students reported encountering a live patient with this condition/procedure” is flagged for concern.
Site Comparability Flag	N/A (same as quality benchmark)
Comments	<ul style="list-style-type: none"> • LCME DCI definition: “Provide all required clinical encounters/skills for each listed clerkship that were satisfied with alternative methods by 25% or more of students in the most recently-completed academic year, and describe what the alternative methods were (e.g., simulations, computer cases).”

Policy Number: 950-06-022

- 6-month and 12-month period reports are issued per academic year for clerkships and annually for LACE 1/2/3

Approvals:

MEDICAL EDUCATION COMMITTEE (06/17/2021)

DocuSigned by:
Pablo Joo
1299E31510D447A...
 1/7/2024 | 4:49 PM PST

 PABLO JOO., MD,
 SENIOR ASSOCIATE DEAN, MEDICAL EDUCATION
 SCHOOL OF MEDICINE
 DATE

DocuSigned by:
Paul Hackman
BC5CF44DC0494EA...
 1/7/2024 | 4:29 PM PST

 PAUL HACKMAN, J.D., L.L.M.
 CHIEF COMPLIANCE AND PRIVACY OFFICER,
 SCHOOL OF MEDICINE
 DATE

DocuSigned by:
Deborah Deas
870C12B416E84CB...
 1/7/2024 | 9:39 PM PST

 DEBORAH DEAS, M.D., M.P.H
 VICE CHANCELLOR, HEALTH SCIENCES
 DEAN, SCHOOL OF MEDICINE
 DATE